

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214508994								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CDM Smith Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2014</p> <p>SCC ID NO: F1541863</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">CLASS</th> <th style="width: 60%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td>5,000,000</td> </tr> <tr> <td>COMB</td> <td>15,000,000</td> </tr> <tr> <td>COMC</td> <td>5,000,000</td> </tr> </tbody> </table> </div> </div>			CLASS	AUTHORIZED	COMA	5,000,000	COMB	15,000,000	COMC	5,000,000
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 50 HAMPSHIRE STREET ATTN: LEGAL DEPT</p> <p style="text-align: center;">CITY/ST/ZIP: CAMBRIDGE, MA 02139</p>										
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TIMOTHY B WALL TITLE: PRESIDENT ADDRESS: 50 HAMPSHIRE ST. CITY/ST/ZIP/CO: CAMBRIDGE, MA 02139 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: TIMOTHY B WALL TITLE: PRESIDENT ADDRESS: 50 HAMPSHIRE ST. CITY/ST/ZIP/CO: CAMBRIDGE, MA 02139	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
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NAME:	HOWARD H STEVENSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	31 FAYERWEATHER STREET		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02138		
NAME:	ROBERT L VANANTWERP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1199 HAYWOOD DRIVE		
CITY/ST/ZIP/CO:	COLLEGE STATION, TX 77845		
NAME:	GUILLERMO J. VICENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 HAMPSHIRE ST		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02139		
NAME:	TIMOTHY B WALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 HAMPSHIRE STREET		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 13206		
NAME:	GAE A WALTERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2007 ALAQUA LAKES BLVD		
CITY/ST/ZIP/CO:	LONGWOOD, FL 32779		
NAME:	Thierry Desmaris	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	50 Hampshire St.		
CITY/ST/ZIP/CO:	Cambridge, MA 02139		
NAME:	Colleen Hughes	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	110 Fieldcrest Ave		
CITY/ST/ZIP/CO:	Edison, NJ 08837		
NAME:	Peter W Tunncliffe	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 Hampshire St.		
CITY/ST/ZIP/CO:	Cambridge, MA 02139		
NAME:	Stephen J Hickox	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	50 Hampshire St.		
CITY/ST/ZIP/CO:	Cambridge, MA 02139		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TIMOTHY B WALL	TIMOTHY B WALL, PRESIDENT	2/19/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			